FORM NLRB-502 (RC) (4-15)

cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No	15-RC-310222	Date Filed January 12, 2023

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner desires to be certified as representative of the employees. The Pelitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) AERO SIMULATION, INC. 8501 TANNER WILLIAMS RD., MOBILE, AL 36608 3a. Employer Representative - Name and Title 3b. Parent Company Address (If same as 2b - state same) DAN DESCHNOW (SAME AS ABOVE) 3d. Cell No. 3e. Fax No. 3d. E-Mail Address 813.463.8658 D_DESCHNOW@AEROSIMULATION.COM 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal product or service 5a. City and State where unit is located: FLIGHT SIMULATOR SUPPORT MOBILE, AL AVIATION TRAINING CENTER 5b. Description of Unit Involved 6a. No. of Employees in Unit: 6 ALL FULL AND REGULAR PART TIME SIMULATOR MAINTENANCE TECHNICIANS WORKING AT AERO SIMULATION, INC. IN 6b. Do a substantial number (30% MOBILE, AL. or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗹 No 🗔 OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AS DEFINED IN THE ACT AND SITE MANAGER. Check One: and Employer declined recognition as Bargaining Representative was made on Potition will serve as request for recognition and Employer declined recognition on or about ____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address NONE N/A 8c, Tel, No. 8d. Cell No. 8f. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day. Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? N/A If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10d Cell No 10c. Tel. No. 10f. E-Mail Address N/A 10e. Fax No. N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): ON SITE BREAKROOM 1:15 PM - 2:15 PM 2/15/2023 12b. Address (street and number, city, state, and ZIP code) 1521 N. COOPER ST., SUITE 250 ARLINGTON, TX 76011 12 a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e. Cell No. 12f. Fax No 12d. Tel. No 12g. E-Mail Address 817-505-0100 817-459-0107 JBRUNER@IAMAW.ORG 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) JULIAN T. BRUNER - SPECIAL REPRESENTATIVE 1521 N. COOPER ST., SUITE 250, ARLINGTON, TX 76011 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 817-507-5029 817-459-0107 JBRUNER@IAMAW.ORG I declare that I have read the above Petition and that the statements are in to the best of my knowledge and belief. Name (Frint) Signatur DATE SPECIAL REPRESENTATIVE 1/12/2023 JULIAN T. BRUNER WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will